

STANDING ORDER

To the Manager
(enter name and address of your Bank)

Please make the undernoted payments and debit our/my account with the amount, it being understood that in no event shall the Bank be responsible or under any liability for any loss or damage occasioned by any omission to make the said payments.

Name of Payee Qua Iboe Fellowship
Name & Address Ulster Bank Limited
of Payee's Bank Belfast City Branch, 11-16 Donegall Square East,
 Northern Ireland, BT1 5HD

 No 1 Account 58486010
 Sort Code 98 00 60

Debit Details

Amount £ _____ in words _____

Payable Yearly/Quarterly/Monthly (*delete as required*)

on _____ (*date*)

First payment to be made on _____

Number of Payments _____ **Last Payment** _____

Bank Account Number _____

Bank Sort Code _____

Name _____

Address _____

Signature _____

Please indicate the work that you wish your gifts to go to (eg General Funds or specific missionary support etc.)

ONCE COMPLETED, PLEASE SEND THIS FORM TO YOUR BANK BUT PLEASE ENSURE THAT YOU SEND MISSION AFRICA A COPY. THANK YOU.
Mission Africa, 14 Glencregagh Court, Belfast. BT6 0PA